FORM D Suction LUT 14 2008

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OCT 14 2008

Washington, DC

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	OMB APPROVAL
ļ	OMB NUMBER: 3235-0076
	Expires: April 30, 2008
	Estimated average burden
	hours per response 16.00

SEC USE ONLY							
Prefix		Serial					
DAT	E RECEIVE	D					
[

Name of Offering (check if this is an amo	endment and name has changed, and indicate char	nge.)							
Common Stock Offering; Warrant to Purc									
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506	Section 4(6) ULOE							
	dment								
A. BASIC IDENTIFICATION DATA									
1. Enter the information requested about the i	ssuer								
Name of Issuer (check if this is an amen	dment and name has changed, and indicate chang	(e.)							
Voddler, Inc.									
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)							
	•	(50 700 5347							
228 Hamilton Avenue, 3rd Floor, Palo Alto, California 94301 650-798-5367									
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telepho							
(if different from Executive Offices)		THE STATE OF THE S							
Brief Description of Business	PROCESSED								
Provider of global video-on-demand services.									
	OCT 2 3 2008	08062848							
Type of Business Organization	limited partnership, already formed	other (presser speeds).							
orporation corporation		Control (promot op 2222)							
business trust	imited partition 150 M Reviews								
		Year							
Actual or Estimated Date of Incorporation or	Organization.	2006 Actual Estimated							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:									
CN for Canada; FN for other foreign jurisdiction C A									
	Cit ioi Camada, i i ioi cana ioi agailancaia								

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid **QMB** control number.

SEC 1972 (6/02)

46683/0801; JFF/343978.2

OCT 14 2008

1 of 9

2. Enter the information requested for the following:											
• Each promoter of the issuer, if the issuer has been organized within the past five years;											
Each beneficial owner ha	ving the power to vote	e or dispose, or direct the	vote or disposition of, 10%	6 or more of a clas	ss of equity securities of the issuer;						
Each executive officer an	d director of corporate	e issuers and of corporate	general and managing part	tners of partnershi	p issuers; and						
Each general and managi											
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if individual)											
Soderberg, Jan	Soderberg, Jan										
Business or Residence Address (Number and Street, City, State, Zip Code)											
200 Silverlode Drive, Aspen,	Colorado 81611										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Backlund, Marcus											
Business or Residence Address	s (Number and Street,	, City, State, Zip Code)									
c/o Deseven Capital AB, Bir											
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Bergström, Mattias											
Business or Residence Address	s (Number and Street,	City, State, Zip Code)									
Folkskolegatan 16, 117 35 St											
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner						
Full Name (Last name first, if individual)											
Villard, Bertil											
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)									
Karlavägen 30, 114 31 Stock											
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Lotsa SA											
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)									
2 Rue Carlo Hemmer, 1734 I		_									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Deseven Capital AB											
Business or Residence Address (Number and Street, City, State, Zip Code)											
Birger Jarlsgatan 13, 111 45 Stockholm, Sweden											
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if individual)											
Asset Gallant Limited											
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)									
Offshore Incorporations Centre, Road Town, Tortola, British Virgin Islands											

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING												
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
2. What is the minimum investment that will be accepted from any individual?												
3. Does t	3. Does the offering permit joint ownership of a single unit?											
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual												
ruii Ivaiii	ic (Last IIa	me mst, m	nuividuai			N/A						
Business	or Resider	nce Address	s (Number a	and Street,	City, State, 2	Zip Code)						
Name of Associated Broker or Dealer												
					ds to Solicit	Purchasers					A 11 C4	
(Check	[AK]	[AZ]	individual S [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	□ [GA]	All States [HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	Full Name (Last name first, if individual											
Business	or Resider	nce Address	s (Number a	and Street,	City, State, 2	Zip Code)						
Name of	Associated	Broker or	Dealer								_	
					ls to Solicit	Purchasers						
(Check	"All States [AK]	or check [AZ]	individual S [AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	All States [HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last name first, if individual												
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)												
(Check	"All States [AK]	an or check [AZ]	individual S [AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	□ [GA]	All States [HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for					
exchange and already exchanged.					
Type of Security Debt	О	Aggregat ffering Pr		Amo \$	ount Already Sold
	· ·				<u> </u>
Equity	\$	600,00	<u>u</u>	\$	600,000
Common Preferred	Φ			œ	
Convertible Securities (including warrants)				ş	
Partnership Interests				2	
Other (Specify)				\$	
Total	\$	600,00	0	\$	600,000
Answer also in Appendix, Column 3, if filing under ULOE.					
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Do	Aggregate llar Amount Purchases
Accredited Investors			•	\$	600,000
Non-accredited Investors				\$	
Total (for filings under Rule 504 only)				\$	
Answer also in Appendix, Column 4, if filing under ULOE.					
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
Type of offering		Type of Security		Dol	lar Amount Sold
Rule 505				\$	
Regulation A		<u> </u>		\$	
Rule 504				\$	
Total		·		\$	0.00
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
Transfer Agent's Fees		*****		\$	
Printing and Engraving Costs				\$	
Legal Fees			\boxtimes	\$	1,500
Accounting Fees				\$	
Engineering Fees				\$	
Sales Commissions (specify finders' fees separately)] [<u> </u>	
Other Expenses (identify)				\$	
Total		*********		\$	1.500

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER OF	INVESTORS, EXPENSE	ES AND U	JSE OF PR	ROCEEDS			
b. Enter the difference between the aggregate offering price							
Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."							
the adjusted gross proceeds to the issuer.		•••••		\$	598,500		
5. Indicate below the amount of the adjusted gross proceeds to	the issuer used or proposed to	o be					
used for each of the purposes shown. If the amount for any p							
estimate and check the box to the left of the estimate. The to the adjusted gross proceeds to the issuer set forth in respons	• •						
the adjusted gross proceeds to the issuer ser form in respons	e to rait C = Question 4.0 a00		ments to	Pay	ments To		
		C	Officers,	•	Others		
			ectors, &				
Salaries and fees			ffiliates	Пs	<u></u>		
Purchase of real estate							
Purchase, rental or leasing and installation of mach							
-	• • •						
Construction or leasing of plant buildings and facil		□ ₃		اسا ع			
Acquisition of other businesses (including the valu this offering that may be used in exchange for the a							
another issuer pursuant to a merger)		S		□ \$			
Repayment of indebtedness		□ s		S			
Working capital		S		\$ 598,500			
Other (specify)		\$					
		□ \$		\$			
Column Totals		S		⊠ \$	598,500		
Total Payments Listed (column totals added)		⊠ \$	598,500				
D. FE The issuer has duly caused this notice to be signed by the unde	DERAL SIGNATURE	. Ifabia.	ation in Clad	under Dule 60	الخرام		
following signature constitutes an undertaking by the issuer to							
its staff, the information furnished by the issuer to any non-acc					•		
Issuer (Print or Type)	Signature		Date				
issuel (11mt of Type)	Signature						
Voddler, Inc.	MINO		Septer	mber <u>29</u> , 2	2008		
Name of Signer (Print or Type)	Pitle of Signer (Print or Type						
Marcus Backlund	President						
······································				<u>.</u>			
	ATTENTION:						
	ALIENTION.						

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

